

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. Operator
Conoco Inc.

Address
P.O. Box 460, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Change of corporate name from Continental Oil Company effective July 1, 1979.

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change in Ownership ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit Bly. 4	Well No. 337	Pool Name, including Formation Maljamar G-SA	Kind of Lease State, Federal or Fee	Lease No. LC-058396
Location				
Unit Letter H	Feet From The 2615	Line and N	Feet From The 25	E
Line of Section 27	Township 17-S	Range 32-E	NMPM, Jea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Pipeline Company	N. Freeman Ave. Artesia NM
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
CONOCO Inc Maljamar Plant No 60	P.O. Box 2197, Houston, TX
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit A	yes N/A

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Division Manager

SEP 21 1979

NMOCD (5) USGS (2) Partners (19), File

OIL CONSERVATION COMMISSION

APPROVED OCT 23 1979, 19
BY J. [Signature]
TITLE District Supervisor

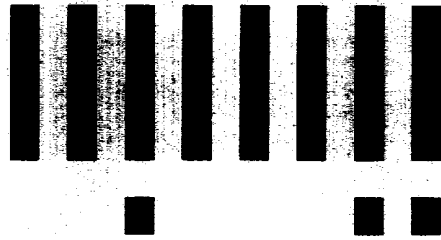
This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

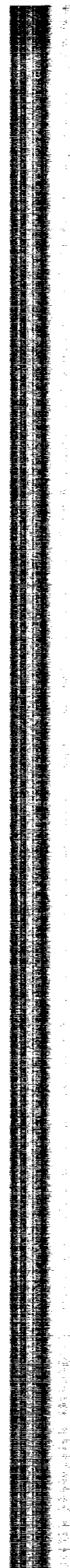
Separate Forms C-104 must be filed for each pool in multiply completed wells.



LTR



Job separation sheet



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TRANSPORTER <input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR
PRODUCTION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes C-104 and C-105
Effective 1-1-65

Operator Conoco Inc.	
Address P.O. Box 460, Hobbs, New Mexico 88240	
Reasons for filing (Check proper box)	
New well <input type="checkbox"/>	Change in Transporter or Oil <input type="checkbox"/> Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Change of corporate name from Continental Oil Company effective July 1, 1979.
Change in Ownership <input type="checkbox"/>	Other release required

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MCA Unit	Well (or Pool) Name, Location, Direction 337 Maljamar G-SA	Kind of Lease Dry, Partial or Full	Time LC-058396
Location			
Section H	26/5	Feet From The N	Line and 25
Feet From The E			
Range 27	Township 17 S	County 32 E	Area Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.) Navajo Pipeline Company N. Freeman Ave, Artesia, NM					
Name of Authorized Transporter of Gasoline <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.) Continental Oil Co. Gasoline Plant No 60 P.O. Box 1206, Maljamar, NM					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 26	Twp. 17 S	Range 32 E	Is gas actually connected? yes	When N/A

If this production is commingled with that from any other lease or pool, give commingling order number

IV. COMPLETION DATA

Designate Type of Completion - (X)			
Date Drilled	Date Cement Ready to Prod.	Total Depth	Flow Test
Elevations (LF, RAB, RT, GR, etc.)	Name of Producing Formation	Flow to Gas Pay	Total Depth
Perforations		Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

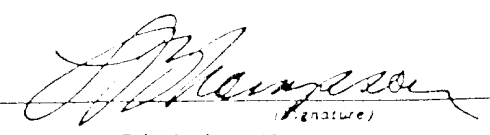
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (spot, back prod.)	Testing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

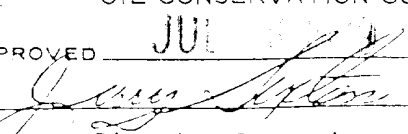
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Division Manager

6-6-79
(Title)
Date

SMOCD (5) USGS (2) PARTNERS FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 1979
BY 
TITLE District Supervisor

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RECEIVED
JUN 15 1979
OIL CONSERVATION COMM.
HOBBS, N. M.